Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: HARBOR CLUB (THE) (310408)

Address: 425 W WALTERS ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 03/01/1996

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096413 End Date: 02/17/2006 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007251 Served 03/01/2006

Deficiencies Cited Subject Area Subject Area Verified

83.41(4)(b)2 GAS FURNACE SERVICED EVERY 3 YEARS

83.43(3)(b)2 TESTING OF SMOKE DETECTORS

83.55(4)(e) SAFETY

Survey ID: 0094225 End Date: 03/01/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093939 End Date: 01/04/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0092480 End Date: 03/26/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008979 Served 05/11/2004

| | | <u>Compliance</u> | |
|--------------------|--|-------------------|-----------|
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 13.05(2) | CLIENT PROTECTION | 01/04/2005 | Yes |
| 13.05(3)(a) | ENTITY ALLEGATION REPORTING REQUIREMENTS | 01/04/2005 | Yes |
| 83.15(1)(a) | STAFFING PATTERNS | 01/04/2005 | Yes |
| 83.21(4)(m) | ABUSE, NEGLECT, OR MISAPPROPRIATION | 01/04/2005 | Yes |
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | 01/04/2005 | Yes |
| 83.33(2)(a) | SUPERVISION | 01/04/2005 | Yes |

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Survey ID: 0091239 End Date: 08/28/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008919 Served 10/21/2003

| | 0,21,2000 | | |
|---------------------------|--------------------------------------|-------------------|-----------|
| | | <u>Compliance</u> | |
| Deficiencies Cited | Subject Area | <u>Verified</u> | Corrected |
| 12.08 | ARMED FORCES BACKGROUND SEARCHES | 03/26/2004 | Yes |
| 50.065(2)(bm) | OUT OF STATE BACKGROUND CHECKS | 03/26/2004 | Yes |
| 83.13(4)(a) | COMMUNICABLE DISEASE CONTROL | 03/26/2004 | Yes |
| 83.14(1)(a) | CLIENT RELATED TRAINING | 03/26/2004 | Yes |
| 83.14(1)(b) | NEED ASSESSMENT AND ISP | 03/26/2004 | Yes |
| 83.14(1)(c) | UNIVERSAL PRECAUTIONS | 03/26/2004 | Yes |
| 83.14(1)(d) | FIRE SAFETY, FIRST AID & CHOKING | 03/26/2004 | Yes |
| 83.15(1)(c)1 | ADEQUATE STAFFING | 03/26/2004 | Yes |
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | 03/26/2004 | No |
| 83.42(3)(b) | EMERGENCY PLAN POSTED | 03/26/2004 | Yes |
| 83.43(4)(b)1.c | IN EVERY CORRIDOR SMOKE DETECTOR | 03/26/2004 | Yes |
| 83.43(4)(b)2.c | BASEMENT SMOKE DETECTOR | 03/26/2004 | Yes |
| 83.43(4)(b)3 | BATTERY OPERATED AND 5 YEAR DELAY | 03/26/2004 | Yes |
| 83.43(4)(d) | LARGE ROOM | 03/26/2004 | Yes |
| 83.45(1) | ACCESSIBILITY | 03/26/2004 | Yes |
| 83.51(1)(g) | FLOORS WALLS CEILINGS IN GOOD REPAIR | 03/26/2004 | Yes |
| 83.53(2)(a) | DOORS EXCEPT PATIO DOORS | 03/26/2004 | Yes |
| | | | |

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STATE OF WISCONSIN
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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/10/2004 SOD #10008979 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

PROVIDE TRAINING

FORFEITURE---13.05(2)

FORFEITURE---83.15(1)(a)

FORFEITURE---83.21(4)(m)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.33(2)(a)

Date: 10/20/2003 SOD #10008919 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(b)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.15(1)(c)1

FORFEITURE---83.21(4)(p)

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| Complaint History | | | | | | |
|--|--|--------------------------------------|--|--|--|--|
| Date Complaint Received: 02/25/2005 Date Investigation Completed: 03/02/2005 | | | | | | |
| Subject Area(s) MEDICATIONS PROGRAM SERVICES QUALITY OF LIFE | Result NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED | SOD# | | | | |
| Date Complaint Received: 08/02/2004 | Date Investigation Completed: 01/07/2005 | | | | | |
| Subject Area(s) PHYSICAL PLANTS & SAFETY HAZARDS | Result NOT SUBSTANTIATED | <u>SOD #</u> | | | | |
| Date Complaint Received: 03/05/2004 | Date Investigation Completed: 03/26/2004 | | | | | |
| Subject Area(s) RESIDENT RIGHTS ADMINISTRATION | Result SUBSTANTIATED SUBSTANTIATED | <u>SOD #</u> 10008979 10008979 | | | | |
| Date Complaint Received: 06/11/2003 | Date Investigation Completed: 08/25/2003 | | | | | |
| Subject Area(s) PROGRAM SERVICES | <u>Result</u> SUBSTANTIATED | <u>SOD #</u> 10008919 | | | | |